

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/564,182-Conf. #8012
		Filing Date	May 24, 2006
		First Named Inventor	Simon Doclo
		Art Unit	2615
		Examiner Name	Paul Disler
Total Number of Pages in This Submission	21	Attorney Docket Number	22409-00388-US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	Request for Continued Examination
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CONNOLLY BOVE LODGE & HUTZ LLP		
Signature	/Michael G. Verga/		
Printed name	Michael G. Verga		
Date	January 21, 2009	Reg. No.	39,410

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/564,182-Conf. #8012
		Filing Date	May 24, 2006
		First Named Inventor	Simon Doclo
		Examiner Name	Paul Disler
		Art Unit	2615
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 1,300.00)	
		Attorney Docket No. 22409-00388-US	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments					

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)														
Utility	330	165	540	270	220	110	_____														
Design	220	110	100	50	140	70	_____														
Plant	220	110	330	165	170	85	_____														
Reissue	330	165	540	270	650	325	_____														
Provisional	220	110	0	0	0	0	_____														
2. EXCESS CLAIM FEES																					
Fee Description																					
Each claim over 20 (including Reissues) Small Entity Fee (\$) Fee (\$) 52 26																					
Each independent claim over 3 (including Reissues) 220 110																					
Multiple dependent claims 390 195																					
<table border="1"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3">Multiple Dependent Claims</td> </tr> <tr> <td>19</td> <td>- 20 or HP</td> <td>x</td> <td>=</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>_____</td> </tr> </table> HP = highest number of total claims paid for, if greater than 20.								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			19	- 20 or HP	x	=	Fee (\$)	Fee Paid (\$)	_____
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																	
19	- 20 or HP	x	=	Fee (\$)	Fee Paid (\$)	_____															
<table border="1"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3">Multiple Dependent Claims</td> </tr> <tr> <td>3</td> <td>- 3 or HP</td> <td>x</td> <td>=</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>_____</td> </tr> </table> HP = highest number of independent claims paid for, if greater than 3.								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			3	- 3 or HP	x	=	Fee (\$)	Fee Paid (\$)	_____
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																	
3	- 3 or HP	x	=	Fee (\$)	Fee Paid (\$)	_____															
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="1"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 100 =</td> <td>/50 = (round up to a whole number) x</td> <td>=</td> <td>Fees Paid (\$)</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 =	/50 = (round up to a whole number) x	=	Fees Paid (\$)				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																	
_____	- 100 =	/50 = (round up to a whole number) x	=	Fees Paid (\$)																	
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00																					
1801 Request for continued examination (RCE) (see 37 ... 810.00)																					

SUBMITTED BY					
Signature	/Michael G. Verga/		Registration No. (Attorney/Agent)	39,410	Telephone (202) 331-7111
Name (Print/Type)	Michael G. Verga		Date January 21, 2009		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: January 21, 2009 Signature: /Michael G. Verga/ (Michael G. Verga)